## NO2000009974

(Requestor's Name)					
(Address)					
(Add	dress)				
(City	//State/Zip/Phone	e #)			
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(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
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## TRANSMITTAL LETTER

Barefoot Beach of Manasota Key Condominium, Inc. SUBJECT: (Name of Corporation) DOCUMENT NUMBER: N02000008974 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Susan Raymond (Name of Person) Barefoot Beach of Manasota Key Condominium, Inc. (Name of Firm/Company) PO Box 443 (Address) Englewood, FL 34295-0443 (City/State and Zip Code) For further information concerning this matter, please call: Susan Raymond (Name of Person)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	•		ř·' •			
Brian Difford  I.	•	1 1	Vi <b>c</b> e Presid	lent		
1,	··	, hereby resign as				
	•		**************************************	(Title)		
b a b	•					
Barefoot Beach of Mar	nasota Key Cond	ominium, Inc.				
01	(Na	me of Corporation)		•		
N02000008974						
1402000000974		, a corporation org	anized under the la	iws of the State of		
(Document Numbe	er, if known)	, a corporation org	amzea anaçı are il	iws of the state of		
Florida			•			
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			///(			
		/ <b>/</b> /)	///			
		(Signature of resigning o	filger/director)	<del></del>		
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				T70 00		
				PH PH		
		FILING FEE IS \$3	5.00	유유 크		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: